

Division of Regulated Child Care

Guide for Successful Completion of Initial Family Child-Care Home Certification Application

Please use this guide as a reference for instructions toward the successful completion of your Family Child-Care Home Certification Application and assembling of required documentation.

All information on the application must be truthful and correct. Complete the application in its entirety, as appropriate. Not all sections apply. Incomplete applications delay the review process until the Division of Regulated Child Care (DRCC) receives required information or documentation.

Regulations require submission of a complete and accurate application, with supporting documentation (922 KAR 2:100 Section 2 [c][1]).

Initial certification is contingent upon payment of the \$10 initial application fee.

If you have questions, please contact DRCC at (502) 564-7962, and follow prompts to speak with the compliance analyst assigned for your county (listing attached). You may also e-mail DRCC at chfsoigrccportal@ky.gov.

Before you start:

- Submit requests for criminal records checks and central registry (child abuse and neglect) checks for each adult in home (provider, spouse, son, daughter, assistant/substitute, etc.), age eighteen (18) or older.
- Obtain an updated tuberculosis testing certificate for each adult in home (provider, spouse, son, daughter, assistant/substitute, etc.), age eighteen (18) or older.
- Obtain a physician's statement (dated within the past 6 months) documenting the family child-care provider's health is satisfactory.
- Gather required documentation that is required to be attached to the application.
- Write neatly in black or blue ink.
- Complete all fields. Enter **N/A** or **None** for non-applicable areas.

Application Fee

Initial Application - \$10

Remit payment of the initial application fee **with** the Initial Application. Submit payment via check, cashier's check or money order. Please make payable to the **Kentucky State Treasurer**. Applications received without payment are incomplete, delaying review of application until receipt of payment.

Mail complete application and copies of all required documentation with check or money order to:

**Office of Inspector General
Division of Regulated Child Care
275 East Main Street, 5E-F
Frankfort, KY 40621**

Background Check Resources

Criminal Records Check (you pick one to use)

Administrative Office of the Courts

Phone: 800-928-6381 or 502-573-1682

<http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx>

Kentucky State Police Criminal Identification and Records Branch

Phone: 502-227-8700

http://www.kentuckystatepolice.org/pdf/childcare_rev11_10.pdf

Central Registry Check (Child Abuse and Neglect)

Cabinet for Health and Family Services

Division of Child Care

275 East Main Street, 3C-F

Frankfort, KY 40621

Phone: 502-564-2524

<http://www.chfs.ky.gov/NR/rdonlyres/A5B84B9B-08FA-4509-8B1D-BC598DBC324D/0/CENTRALREGISTRYCHECK2008.pdf>

Section 1: Provider Identification

- Copy of **Photo ID** or **Birth Certificate** is required.
 - Photo and all written information must be legible. Unclear copies cannot be accepted.
- ***Have you applied for the food program?*** - Check one box.
- ***Name (First, Middle, (Maiden), Last)*** - Record the provider name.
- ***Telephone Number*** - (Area Code) 123-4567
- ***Cell Phone Number*** - (Area Code) 123-4567
- ***Fax Number*** - (Area Code) 123-4567
- ***Physical Street Address (home address), City, County, ZIP Code***
 - The family child-care home is actually located at this address. Do not record post office box numbers.
- ***Mailing Address of Center if different (include city and ZIP Code)***
 - The family child-care home receives mail at this address. Example: Post office box.
- ***E-Mail Address***
 - Provide a working family child-care home/contact e-mail address.
 - To change the center's E-mail address at any time, please notify DRCC at chfsoigrccportal@ky.gov.
- ***Date of Birth*** - Record the provider's date of birth as mm/dd/yyyy
- ***Marital Status*** - Check the appropriate status
- ***Social Security Number*** – Record the provider's full Social Security Number (xxx-xx-xxxx).
- ***FEIN*** - Record Federal Employer Identification Number of the provider.

- **Days and Hours of Operation - please check AM or PM as applicable**
 - Check the 24/7 Hour Care box if you are open 24-hours per day
 - Check the Non-Traditional Hours box if you are open 7:00 p.m. – 5:00 a.m. Monday through Friday or 7:00 p.m. on Friday until 5:00 a.m. on Monday.
 - Record Opening and Closing times for each day of the week the child-care center is open
 - Opening Time
 - Check the AM or PM box
 - Record the Opening Time on the line provided
 - Closing Time
 - Check the AM or PM box
 - Record the Closing Time on the line provided
- **Months of Operation**
 - Check the applicable box for School Year Only, 12 months or Other (provide explanation)
- **Number of Children in Care (including your related children)**
 - Record the total number of children in your care related and unrelated.

Number of Infants (0 – 12 months)

Number of Children (1 year – 6 years old) Toddlers and Preschoolers

Number of Children (7 years old – 12 years old) School Age

- Pursuant to 922 KAR 2:100, Section 1, (17) (a-g), “related” children are child, grandchild, niece, nephew, sibling, stepchild, or child in legal custody of the provider.
- Pursuant to 922 KAR 2:100, Section 1(10), “infant” means a child less than 12 months of age, and pursuant to 922 KAR 2:100, Section 10(3), if a provider cares for more than 4 infants, including the provider’s own or related infants, the provider shall have an assistant present.
- Pursuant to 922 KAR 2:100, Section 10(4), a provider shall not care for more than six (6) children under the age of 6-years old, including the provider’s own or related children.

Section 2: Location – Building Type

- **Select the building type that corresponds with your home.**
 - Check one box. (house, apartment, duplex, condo, modular/mobile home)
- **Do you Own or Rent your home?** - Check one box.
 - If renting, the landlord/property owner must sign this section or provide a separate letter verifying approval/permission to operate a child-care home within their property.
- **Is the property Section 8 housing?** - Check one box.
- **Landlord/Property Owner Name** - Have landlord/property owner print name and sign.
 - The application will be returned the landlord/property owner does not complete this section or provide a separate letter verifying approval/permission to operate a child-care home within their property.
- **Landlord/Property Owner E-mail address** - Record a valid E-mail address
- **Landlord/Property Owner Phone Number** - (Area Code) 123-4567
- **Landlord/Property Owner Address** - Street or PO Box, City, State, ZIP Code

Section 3: Animals

- **Do you have animals in your home?** - Check one box.
- **Type(s) of animals** - List the type(s) of animal(s) (example: cat, dog, ferret, fish, etc.)

Section 4: Assistants/Substitutes (required if operating more than 16 hours per 24-hour day)

- Submit National Background Check Program findings and a recent tuberculosis screening certification for each adult, age eighteen (18) or older, working in your home.
- ***List the name(s) of the adult(s) working in the home as an assistant or substitute (who are providing care for the children).***
 - **Name** - Record full name of assistants/substitutes (first, middle, (maiden), last).
 - **Social Security Number** - Record full Social Security Number (xxx-xx-xxxx).
 - **Date of Birth** - mm/dd/yyyy
 - **Relationship to you** - (spouse, partner, mother, aunt, daughter, etc.)
 - **Days of the week and Hours of the day in the home** - Record the days and hours the assistants/substitutes will be in the home.

Section 5: Children

- ***List your own children, grandchildren, nieces, nephews, children in legal custody, stepchildren and siblings under age eighteen (18) in your home during operating hours.***
 - **Name** - Record full name of children (first, middle, last).
 - **Social Security Number** - Record full Social Security Number (xxx-xx-xxxx).
 - **Date of Birth** - mm/dd/yyyy
 - **Relationship to you** - (son, daughter, niece, nephew, etc.)
 - **Days of the week and Hours of the day in the home** – Record the days and hours each child will be in the home.
 - If your own son or daughter, age eighteen (18) or older, attends a university/college, lives on campus and does not have a legally binding lease agreement in their name, their permanent address is your home. Therefore, their name must be included in *Section 6: Adults*.

Section 6: Adults In Home

- ***List the names of all adults eighteen (18) years of age or older, residing in your home.***
 - **Name** - Record full name of adults (first, middle, (maiden), last).
 - **Social Security Number** - Record full Social Security Number (xxx-xx-xxxx).
 - **Date of Birth** - mm/dd/yyyy
 - **Relationship to you** - (spouse, child, mother, aunt, sibling etc.)
 - **Days of the week and Hours of the day in the home** - Record the days and hours the adult will be in the home.
 - Submit National Background Check Program findings and a recent tuberculosis screening certification (administered within 12 months of the date of application) for each adult, age eighteen (18) or older, residing in your home.
 - Submit state-issued photo identification or birth certificate for each adult, age eighteen (18) or older, residing in your home.

Section 7: Attestation

- Check one box.
- If a Yes response is selected, please provide an explanation.

Provider's Signature

- Write signature on line with printed name filled in below.
- Record date application is signed (mm/dd/yyyy).

Review checklist before mailing application

Review entire application for accuracy

- ☐ Are all sections completed?
- ☐ Did you attach your initial application check or money order?
- ☐ Did you attach the written local zoning approval?
- ☐ Did you sign and date the application?
- ☐ Did you make a copy of the initial application for your on-site records?
If not, please do so before submitting your application.

Documentation for Provider (submit copies with your application)

- ☐ State-issued photo identification or birth certificate
- ☐ National Background Program Check findings
- ☐ Tuberculosis screening certification
- ☐ Two (2) written character references
- ☐ Physician's statement of satisfactory health
- ☐ High School Diploma

Documentation for Adults, Age 18 or Over, Residing in Home (submit copies with your application)

- ☐ State-issued photo identification or birth certificate
- ☐ National Background Program Check findings
- ☐ Tuberculosis screening certification